	PÁTENT	ON FEE D	RD	Application or pocket Number 09430767								
CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN												R THAN
F	OR .					EYTPA		_		OR		ENTITY
L	ASIC FEE							TE	FEE	4	RATE	FEE
	TAL CLAIMS		C minus 20= • SC						380.00	OR		760.00
	DEPENDENT C	1 41146			300	300		9=	<u> </u>	OR	X\$18=	1.008
			CLAIM PRESENT				X39=			OR	X78=	546
								0=		OR	+260=	
* If the difference in column 1 is less than zero, enter "0" in column 2							TOT	AL		OR	TOTAL	2314
CLAIMS AS AMENDED - PART H									,	-	OTHER	THAN
_			umn 1) ABMS		(Column 2)	(Column 3)	SMA	Ш	ENTITY	OR 1	SMALL	
AMENDMENTA		AF	AINING TER IDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
3	Total	• 7	<u>3 </u>	Minus	- 76	-	X\$ s)=	•	OR	X\$18-	
¥	Independent	· /	0	Minus	1.0	-	X38) .		OR	X78=	
-	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+260=	
)= TAL			TOTAL	
1-30-07 (Column 1) (Column 2) (Column 3)								FEE		, ,	ADDIT. FEE	
AMENOMENT B		REM.	AIMS AINING TER DMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	PAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
S	Total	· 7	<u> </u>	Minus	- 76	- \	X\$ 9	-		OR	X\$18=	\
AME	Independent	• /	D OF M	Minus	PENDENT CLAIR	-	X39	,	+	OR	X78=	
li					69, 71, 75		+130	L		OR	+260=	
ADDIT, FEE OR ADDIT, FEE												
	Y 42 70 4		mn 1) UMS	CONTRACTOR AND ADDRESS OF THE PARTY OF THE P	(Column 2)	(Column 3)				_		
AMENDMENT C		AF	INING TER OMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT . EXTRA	RATE		ADDI- TONAL FEE	.[RATE	ADDI- TIONAL FEE
<u> </u>	Total	•		Minus	***	•	X\$ 9:	Ţ		OR	X\$18=	, , , ,
¥I	Independent	•		Minus	***	0	X39=	十		- · · · ·	X78=	
	FIRST PRESE	N OF MU	LTIPLE DEF		+		OR					
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. **If the "Highest Number Previously Paid For" (IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" (In This SPACE is less than 3, enter "2." The "Highest Number Previously Paid For" (Total or Independent) is the highest number bound in the appropriate box in column 1.												
Sala	DTO OTO								_			_

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